

1050631

COMPLAINT OPS-8929

YOUR PERSONAL INFORMATION

Complaint ID : OPS-8929

Name : [REDACTED]

Race : WHITE

Address : [REDACTED]

Sex : FEMALE

Age : 24

Your contact information

Best time to contact : 12:00 PM

Primary Contact Phone Number : [REDACTED]

E-mail Address : [REDACTED]

Your injury information

Were you injured in this incident? NO

Please describe the injury :

Did you need medical attention? NO

Hospital/Medical Center :

Please describe the medical treatment :

INFORMATION ABOUT THE INCIDENT

Description of the incident :

MY DAD WAS DRIVING WEST (IN THE LEFT LANE) DOWN IRVING PARK ROAD. A CAR WAS STALLED IN FRONT OF US, SO MY DAD TURNED ON HIS RIGHT TURN SIGNAL AND MERGED INTO THE RIGHT LANE. A POLICE VAN WAS DRIVING IN THE RIGHT LANE BEHIND US. HE HONKED HIS HORN WHEN MY DAD MERGED IN FRONT OF HIM. WE CONTINUED DRIVING WEST AND PULLED INTO THE LEFT TURN LANE TO TURN ONTO LINCOLN AVE. THE POLICE VAN SLOWLY DROVE UP ALONG SIDE OF OUR STOPPED CAR, AND PROCEEDED TO RUN INTO THE SIDE OF OUR CAR. NO TURN SIGNAL WAS GIVEN WHEN THE POLICE OFFICER BLATANTLY RAN INTO OUR CAR. DAMAGE WAS CAUSED, THOUGH THERE WERE NO INJURIES. THE POLICE OFFICER INTENTIONALLY RAN INTO OUR CAR. BECAUSE IT IS THE PURPOSE OF POLICE OFFICERS TO SERVE AND PROTECT OTHERS, I BELIEVE THIS POLICE OFFICER SHOULD BE FIRED, IF NOT RECEIVE A FINE, PAY FOR THE DAMAGE OF THE CAR, AND RECIEVE A MARK ON HIS

PERMENANT RECORD. HE WASTED THE TIME OF THREE OTHER POLICE OFFICERS THAT EVENING WHO HAD TO COME FILL OUT A REPORT ON THE ACCIDENT. A MAN WHO WOULD INTENTIONALLY RUN INTO A STOPPED CAR ON THE ROAD SHOULD NOT BE IN A POSITION WHERE HE IS MEANT TO PROTECT OTHERS. MOREOVER, HE SHOULD NOT BE DRIVING. THE WAS A BLATANT ACT OF PETTY VENGEANCE FOR MY DAD PULLING IN FRONT OF HIM. NOTHING SHOULD EXCUSE THE FACT THAT A MAN INTENTIONALLY CAUSED AN ACCIDENT.

Location of the incident

Street Number : **Direction :** W **Street Name :** IRVING PARK **Apt No. :**
Building Name : **Floor :** **Unit :**
Location Description : IN THE LEFT TURN LANE ON WEST IRVING PARK RD. CROSS ROADS LINCOLN AVE. AND DAMEN AVE.

Incident Date and Time**Date :** 12/10/2011**Time :** 04:55 PM**Evidence****Video Evidence :** NO**Audio Evidence :** NO**INFORMATION ABOUT THE POLICE OFFICERS****Police officer #1****Last Name :** KISTLER**First Name :** BEN**Star No. :****Rank :** OFFICER**Assigned Unit :****On Duty :** YES**Sex :** MALE**Race :** WHITE

Officer Description : THE OFFICER WAS AN OLDER MAN WITH SHORT WHITE HAIR AND SOME FACIAL HAIR. HE WAS HUSKY, THOUGH NOT OVERWEIGHT. AVERAGE HEIGHT.

Police Vehicle Beat Number : 9071**Vehicle Number :** 6707**License Plate :** [REDACTED]

Vehicle Description : POLICE VAN. THE BEAT NUMBER GIVEN ABOVE MAY BE INACCURATE AS IT WAS NOT GIVEN ON THE POLICE REPORT AND I AM REMEMBERING IT

FROM MEMORY. THE VEHICLE NUMBER AND THE LICENSE PLATE NUMBER
WERE GIVEN ON THE POLICE REPORT.

INFORMATION ABOUT VICTIMS AND WITNESSES**Victim #1 personal information**

Last Name : [REDACTED]
Race : WHITE

First Name : [REDACTED]
Age : 24

Sex : FEMALE
Contact: [REDACTED]

Victim #1 injury information

Was the victim injured in this incident?: NO

Please describe the injury :

Did the victim need medical attention? NO

Please describe the medical treatment :

Hospital/Medical Center :

Victim #2 personal information

Last Name : [REDACTED]
Race : WHITE

First Name : [REDACTED]
Age : 62

Sex : MALE
Contact: [REDACTED]

Victim #2 injury information

Was the victim injured in this incident?: NO

Please describe the injury :

Did the victim need medical attention? NO

Please describe the medical treatment :

Hospital/Medical Center :

Witness #3 personal information

Last Name : [REDACTED]
Race : WHITE

First Name : [REDACTED]
Age :

Sex : FEMALE
Contact: [REDACTED]

Witness #3 injury information

Was the witness injured in this incident?: NO

Please describe the injury :

Did the witness need medical attention?: NO

Please describe the medical treatment:

Hospital/Medical Center :

Witness #4 personal information

Last Name [REDACTED]
Race [REDACTED]

First Name : MICHAEL
Age : 24

Sex : MALE
Contact: [REDACTED]

Witness #4 injury information

Was the witness injured in this incident?: NO

Please describe the injury :

Did the witness need medical attention?: NO

Please describe the medical treatment:

Hospital/Medical Center :